

ACORD. CERTIFICATE OF INSURANCE					<small>ISSUE DATE (MM/DD/YY)</small> <input type="checkbox"/> 1/04/95															
PRODUCER Meeker Sharkey & MacBean 21 Commerce Drive Cranford, NJ 07016 908-272-8100			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.																	
INSURED Soc. Hill @ University Hts. III C/O Alan R. Trachtenberg One Cornerstone Lane Newark NJ 07103			COMPANIES AFFORDING COVERAGE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;">COMPANY LETTER</td> <td style="border: 1px solid black;">A</td> <td style="border: 1px solid black;">St. Paul Fire & Marine</td> </tr> <tr> <td style="border: 1px solid black;">COMPANY LETTER</td> <td style="border: 1px solid black;">B</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">COMPANY LETTER</td> <td style="border: 1px solid black;">C</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">COMPANY LETTER</td> <td style="border: 1px solid black;">D</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">COMPANY LETTER</td> <td style="border: 1px solid black;">E</td> <td style="border: 1px solid black;"></td> </tr> </table>			COMPANY LETTER	A	St. Paul Fire & Marine	COMPANY LETTER	B		COMPANY LETTER	C		COMPANY LETTER	D		COMPANY LETTER	E	
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COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																				
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS															
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	BC02900238	1/01/95	1/01/96	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 5000000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 5000000</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td style="text-align: right;">\$ 5000000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 5000000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 50000</td></tr> <tr><td>MED. EXPENSE (Any one person)</td><td style="text-align: right;">\$ 5000</td></tr> </table>	GENERAL AGGREGATE	\$ 5000000	PRODUCTS-COMP/OP AGG	\$ 5000000	PERSONAL & ADV. INJURY	\$ 5000000	EACH OCCURRENCE	\$ 5000000	FIRE DAMAGE (Any one fire)	\$ 50000	MED. EXPENSE (Any one person)	\$ 5000			
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				<table style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$							
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	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<table style="width: 100%; border-collapse: collapse;"> <tr><td>STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE-EACH EMPLOYEE</td><td style="text-align: right;">\$</td></tr> </table>	STATUTORY LIMITS	\$	EACH ACCIDENT	\$	DISEASE-POLICY LIMIT	\$	DISEASE-EACH EMPLOYEE	\$							
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A A	OTHER Bldg. Bldgs & Cnts Fidelity	BC02900238 BC02900238	1/01/95 1/01/95	1/01/96 1/01/96	\$21,775,000. \$100,000.															
DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS OWNER: WILLIE J. MINGO, UNMARRIED LOCATION: 85 MARROW STREET, NEWARK, NJ 07102 (32H1) LOT: 32.15 BLOCK: 406																				
CERTIFICATE HOLDER K. HOVNANIAN MORTGAGE, INC., THEIR SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR ONE INDUSTRIAL WAY WEST, BLDG. D EATONTOWN, NJ 07724			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES																	
AUTHORIZED REPRESENTATIVE 			010036000																	
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